

Application for County Assistance

Last Name	First	Middle
-----------	-------	--------

Street Address	City	State	Zip Code
----------------	------	-------	----------

TELEPHONE NUMBER (Where you can be reached): _____

SERVICE RECORD (If a Veteran):

Date of Entry _____ Branch of Service _____ Place of Entry _____

Serial No _____ Discharge Date _____ Place of Discharge _____

Type of Discharge _____ Service-Connected Disability Rating: Yes _____ No _____

VA Claim Number (If applicable) _____

WWII _____ Korea _____ Vietnam _____ Iraq _____ Gulf _____ Peacetime _____

ASSISTANCE REQUESTING: _____

MARITAL STATUS: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

FAMILY: List EVERYONE living in your home INCLUDING YOURSELF

Name	Relationship	Date of Birth	SS#	Employment

INCOME: List ALL SOURCES of income available to you, your spouse and/or your dependents

YES / NO / AMOUNT / HOW OFTEN IS INCOME RECEIVED

Social Security _____

Supplemental Social Security Income _____

Child Support _____

Alimony _____

IPERS or other retirement _____

Civil Service _____

Veteran's Benefits _____

Other Pensions or Compensation _____

Insurance Payments _____

Earnings or Unemployment Benefits _____

Military Retirement _____

Interest Income _____

Other (list) _____

EMPLOYMENT HISTORY: List jobs you or family members have held in the past year

Name - Employer Address - Kind of Work - Date Began - Date Ended - Mo. Wages - Reason Left

RESIDENCY:

Are you a resident of Guthrie County? _____ Yes _____ No How long _____

If not a resident of Guthrie County for 1 year, where was your last full year of residency?

Address _____ City _____ County _____ State _____

ACCOUNTS: Does anyone in your home have the following resources?

Checking Acct. _____ Yes _____ No _____ Amount in Acct. _____ Name of Bank _____

Savings Acct. _____ Yes _____ No _____ Amount in Acct. _____ Name of Bank _____

Stocks or Bonds _____ Yes _____ No _____ Amount _____ Location _____

Time Certificates/CD's: _____ Yes _____ No _____ Amount _____ Name of Bank _____

Burial Fund/Account: _____ Yes _____ No _____ Amount _____ Location _____

Trust Account: _____ Yes _____ No _____ Amount _____ Location _____

VEHICLES:

Auto: _____ Yes _____ No _____ Make/Yr. _____ Market Value _____ Amt. Owed _____

Pickup: _____ Yes _____ No _____ Make/Yr. _____ Market Value _____ Amt. Owed _____

Camper/Mobile Home: _____ Yes _____ No _____ Make/Yr. _____ Market Value _____ Amt. Owed _____

Other: _____ Make/Yr. _____ Market Value _____ Amt. Owed _____

LIVESTOCK OR MACHINERY: If applicable, list item, value, and amount owed

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MONTHLY HOUSEHOLD EXPENSES:

Rent or House Payment	_____	Telephone and/or Cell Phone	_____
Electricity	_____	Internet	_____
Gas for Heating	_____	Cable and/or Satellite TV	_____
Water and/or Sewer	_____	Food and Supplies	_____

If in receipt of Food Stamps, how much per month _____

Gas for transportation for Employment and Medical Purposes _____

Life Insurance _____ Health Insurance _____ Burial Insurance _____

If requesting RENTAL ASSISTANCE: A copy of the signed rental or lease agreement must be provided with application for rental assistance.

To whom the payment is made _____ mailing address _____

Monthly rent payment _____ dwelling located at _____

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. My signature is also an authorization for this office to obtain verification of facts given on this form.

Signature of applicant (or legal guardian) _____ Date _____
